



**In order for your company to be added to our database to secure payment on an invoice it is important that this form be filled out and returned.**

COMPANY INFORMATION – PLEASE PRINT			
Company Name:		Owner's Name (If Sole Proprietor):	
Bid / P.O. Mailing Address (Street/P. O. Box, City, State & Zip)			
Remittance Address (if different than above):			
Federal I.D. (FEIN) #:		OR	SSN #:
Type of <input type="checkbox"/> Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Employee <input type="checkbox"/> Federal Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Partnership			
Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Self			
Minority Owned Business (MBE) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check the appropriate box. <input type="checkbox"/> (A) Asian <input type="checkbox"/> (AA) African American <input type="checkbox"/> (AKA) Alaskan American <input type="checkbox"/> (HI) Hispanic <input type="checkbox"/> (NA) Native American <input type="checkbox"/> (PI) Pacific Islander <input type="checkbox"/> (WO) Women Owned			
Contact Name:		Phone #:	Fax#:
Email address:			
I hereby certify that the information supplied herein is true and correct.			
Signature of person filling out this form		Date	
FOR PURCHASING OFFICE USE ONLY			
Date Recd.	Item Mailed	Item Recd.	Date Entered